ARIZONA FORM
120S

Arizona S Corporation Income Tax Return

2004

	1200								CHECK		
			For taxable year beginning	, and ending			L	Orig	<u> </u>	ended [
		Mail to: A	Arizona Department of Revenue, PC	Box 29079, Phoenix AZ	85038-	9079			CHECK ONE		
									· <u> </u>	iscal year	
Bus	iness telephone number	D.	Name					Emplo	yer identification	1 number	(EIN)
		Please						A 7	LL LP (
		Type	Number and street or PO Box					AZ WI	hholding tax nu	nper	
	iness activity code number	or	0" 1 1715					A 7 (
(fro	m federal Form 1120S)	Print	City, or town, state, and ZIP code					AZ tra	nsaction privileg	e tax num	nber
\vdash		-	<u> </u>					FOR DO	OR USE ONLY		
69	Check box if:	This is a	first return	Address change				TORBO	NY GOL ONE!		
Α	Is this the corporation's fir	al Arizona	return?	Yes No							
	If yes, check one: Di	ssolved [d/Reorganized							
	List EIN of the successor	corporation	ı, if any								
В	Does the S corporation co	nduct busir	ness within and without Arizona?	☐ Yes ☐ No							
С	Will a composite return be	filed on Fo	orm 140NR?	_				\top			
D	Total number of nonreside							-	,		
					81			66	<u>il</u>		
E	Total number of resident in						K BOX IF:			82 F	
<u>F</u>	Total number of entity sha				82				d to file return.	- OZ 1 L	<u> </u>
		· ,	from federal Form 1120S, Schedu						1		00
			has excess net passive income or ca							ines 2-11	1
			on has a tax liability from the recaptur			aim refun	dable tax o	_	1		
_	•							00			
3			porate income tax - add lines 2 and				O LINE 11	1	4		00
5			me - attach schedule. MULTISTATE						5		00
6			e 5 from line 4. Multistate S corpora						6		00
7			Schedule B or Schedule ACA								
8			ne 6 multiplied by line 7. Multistate S						8		00
9			- attach schedule. Multistate S corpo						9		00
10	Total income attributable	to Arizona	a - add lines 8 and 9						10		00
11	Net income subject to Ar	izona corpo	orate income tax. Wholly Arizona S	corporations - enter amo	unt from	line 4					
			mount from line 10						11		00
			completing this line						12		00
	·		from Form 300, Part II, line 25						13		00
•	Subtotal - add lines 12 a	,,a , o	0						14		00
15			on. Check this box to send \$5 to the		,	-	45 A	_	45		100
16			onrizona Form 300, Part II, line 48						15		00
17								 I I	10		
18	Tax liability - subtract the	sum of line	reach credit claimed 13 nes 15 and 16 from line 14						18		00
19	•		SEE INSTRUCTIONS BEFORE COI						19		00
20			und tax credit - subtract line 19 from						20		00
21			ctions					00	•		•
22	? Credit type - enter form i	number for	each refundable credit claimed	22 3 3 3					1		
23			m 120EXT - see instructions					00			
24			uctions					00			
25			and 24. Amended returns - see instru						25		00
26			ger than line 25, enter balance of ta						26		00
27			rger than line 20, enter overpaymer						27		00
28	•		ty If Form 220 is attached shock						28		00
29 30			Ity. If Form 220 is attached, check ns Fund - see instructions					_	30		00
31			mpany return						31		00
			npany return						32		00
			2005 estimated tax					00			
			ne 33 from line 32						34		00
ADO	R 91-0025 (04)										

Schedule	e A - Other Information									
A1 Date	business began in Arizona or date income was first derived from Ari	zona sources								
A2 Addre	2 Address at which tax records are located for audit purposes:									
 \3 The ta	axpayer designates the individual listed below as the person to cont	act to schedule an	audit of the	his return and authorizes						
the di	sclosure of confidential information to this individual. (See instruction	ns page 8)								
Name	e and title		Phone # _							
4 List p	rior taxable years for which a federal examination has been finalized	d								
	E: ARS § 43-327 requires the taxpayer, within ninety days after final			-						
	to the Arizona Department of Revenue or to file amended returns re									
5 Amou	ınt of net income subject to Arizona corporate income tax for prior ta									
6 Indica	ate tax accounting method: Cash Accrual Other	☐ (Specify met	hod)							
chedule	e B - Apportionment Formula (Multistate S Corporations	Only) See instruc	tion page	es 8, 9 and 10						
1 Prope	erty Factor	NO.	ΓΕ: Quali	ifying air carriers must use	Schedule ACA					
-	of real and tangible personal property (by averaging the value of	Column A		Column B	Column C	;				
owne	d property used at the beginning and end of the tax period; rented	Total		Total Within	Ratio Withi	in				
	erty at capitalized value)	Within		and	Arizona					
	ed property (at original cost):	Arizona		Without Arizona	A ÷ B					
	tories									
Depre	eciable assets									
	assets - (describe)									
	: Construction in progress (if included in above totals)	()	(
	S: Nonbusiness property (if included in above totals)	()	(
	of section a									
	ed property (capitalize at 8 times net rental paid)									
	owned and rented property (section a total plus section b)					Т				
	oll Factor					Ė				
-	es, salaries, commissions and other compensation to employees									
_	al Form 1120S or payroll reports)					Т				
3 Sales						Ė				
. Sales	delivered or shipped to Arizona purchasers									
	gross receipts									
	sales and other gross receipts									
	le weight Arizona sales and gross receipts	X 2								
	factor (for column A - multiply item c by item d; for column B -									
	amount from item c)					Т				
	ratio - add B1(c), B2 and B3(e) in column C				•	Ť				
	age apportionment ratio - divide B4 by four (4). Enter the result in					T				
	e C - Shareholder Information Prepare a schedule that lists				share of income o	r lo				
	Label the listing as "Schedule C - Shareholder Information									
ertificati	The following certification must be signed by one or more of the fo	ollowing officers (pres	dent, trea	surer, or any other principal office	r).					
	Under penalties of perjury, I (we), the undersigned officer(s) author	orized to sign this retu	rn, declare	e that I (we) have examined this re	eturn, including the					
	accompanying schedules and statements, and to the best of my (•		` ,		for				
	the taxable year stated pursuant to the income tax laws of the Sta	,		·	,					
	, , , , , , , , , , , , , , , , , , , ,	•			1					
					1					

Officer's signature Title Date **Please** Sign Officer's signature Title Date Here Paid Preparer's signature Date Preparer's Use Only Firm's name (or preparer's, if self-employed) Preparer's TIN Firm's address Zip code ADOR 91-0025 (04)